

## **MASS MEDIA BUREAU'S EXHIBITS**

### **Volume 3**

#		pp.
67	March 31, 1994 letter from Robert Watson to Pete Wehle	1
68	July 29, 1994 letter from Robert Watson to Fred Riley	2
69	1994 Annual Employment Report for WTRC/WLTA	2
70	1994 Annual Employment Report for WRBR(FM)	2
71	April 5, 1994 letter from Alan Campbell to Federal Communications Commission	1
72	Employment information concerning David Miholer	11
73	Employment information concerning Mervin Reist, Dawn Hatfield and Thomas Rogers	9
74	April 5, 1994 letter from Alan Campbell to Eric Brown	1
75	April 5, 1994 letter from Steven Stankewicz to Robert Watson	7
76	April 12, 1994 letter from Kimberly Hudolin to Robert Watson	1
77	April 13, 1994 letter from Eric Brown, Jr. to Kimberly Hudolin	3
78	April <del>14</del> <sup>25</sup> , 1994 letter from Eric Brown, Jr. to Alan Campbell	1
79	April 25, 1994 letter from Eric Brown, Jr. to Robert Watson	1
80	May 2, 1994 letter from Eric Brown, Jr. to David Hicks	1
81	May 2, 1994 letter from Eric Brown, Jr. to Robert Watson	1
82	May 2, 1994 letter from Eric Brown, Jr. to John Dille, III	1
83	May 3, 1994 letter from Eric Brown, Jr. to Kimberly Hudolin	2
84	May 5, 1994 letter from Eric Brown, Jr. to Robert Watson	3
85	May 18, 1994 letter from Robert Watson to Eric Brown, Jr.	1

86	May 31, 1994 letter from Robert Watson to David Hicks	1
87	Employment information concerning Gregory Hicks	5
88	Employment information concerning Michelle Poepppe	3
89	Employment information concerning David Majenski and Vincent Turner, Jr.	11
90	Employment information concerning David Hicks	17
91	Employment information concerning Kenneth Hull	4
92	Employment information concerning Michelle Santiago, Wanda Taylor, M. Victoria Whitten and Annette Kline	6
93	Employment information concerning Ned Swanson and Bradley Williams	5
94	Employment information concerning Paul Szrom, Kathy Worland, Sarah Erlacher (Dille), Amos Williams, III, Elizabeth Davis, Sean McBryde, William Diedrich, Marilyn Covey, Jim Kelly, Tamara Shirk, James Mitchell and James Skwiat	26
95	Employment information concerning Benjamin Tiedemann and Cinda White	6
96	Employment information concerning Joseph Goldbach	11
97	1995, 1996 and 1997 Annual Employment Reports for WRBR(FM)	6
98	1996 and 1997 Annual Employment Reports for WTRC/WBYT(FM)	4
99	Broadcast Equal Employment Opportunity Report for WTRC/WBYT/WRBR	11
100	Hicks Broadcasting Minutes	24
101	Insurance information	32
102	Reminder memos	41
103	Notes payable to David Hicks	13
104	Notes payable to John Dille, IV	16
105	Loan record	5

106 Check #43055 from Pathfinder to Booth American

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Robert A. Watson  
Secretary

March 31, 1994

Pathfinder Communications Corp.  
WCKY/WIMJ, Cincinnati  
WTRC/WLTA, Elkhart/South Bend  
WQHK-AM/FM, Fort Wayne  
WMEE, Fort Wayne  
WCUZ-AM/FM, Grand Rapids  
WQOW, Muskegon  
BANNER GRAPHIC, Greencastle  
Truth Publishing Company, Inc.  
THE ELKHART TRUTH  
KOLL-AM/FM, Tulsa

P.O. Box 2500  
Elkhart, Indiana 46515  
Telephone (219) 294-1661  
FAX (219) 294-4014

**Federated Media**



Pete Wehle  
NBD Insurance  
P.O. Box 1724  
Elkhart, Indiana 46515

Dear Pete:

As we previously discussed, Hicks Broadcasting, Inc. L.L.C. will, as of midnight on March 31, 1994, own WRBR Radio. This station and company should have similar coverages as do our other radio stations and companies. The individual locations involved are as follows:

WLTA Radio  
237 Edison Rd., Ste. 200  
Mishawaka, IN 46545

WRBR Radio  
6910 N. Gumwood Rd.  
Granger, IN 46530

Tower and Transmitter Site  
350' East of Fir Rd. on Day Rd.  
Mishawaka, IN 46545

Additionally, following are the estimates of revenue and payroll for WRBR Radio:

1994 Projected Revenue	= \$600,000
1994 Projected Payroll	= \$420,000
1994 Projected Revenue for Business Interruption Insurance	= \$550,000

I will be getting values of the assets to you just as soon as I can; if you have any questions, please call me.

Sincerely,

  
Robert A. Watson  
Secretary-Treasurer

RAW/md

PATH00217

**Federal Communications Commission**

Docket No. MM-98-66 Exhibit No. 67

Presented MMB

Disposition

Reporter [Signature]

Date 10/6/98

Identified [ ]

Received Oct 23, 1998

Rejected [ ]

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Robert A. Watson  
Secretary Treasurer

July 29, 1994

COPY

Pathfinder Communications Corp  
WCKY/WIMJ, Cincinnati  
WTRC/WLTA, Elkhart/South Bend  
WQHK-AM/FM, Fort Wayne  
WMEE, Fort Wayne  
WCUZ-AM/FM, Grand Rapids  
WQWQ, Muskegon  
BANNER GRAPHIC, Greencastle  
Truth Publishing Company, Inc.  
THE ELKHART TRUTH,  
KOLL-AM/FM, Tulsa

P.O. Box 2500  
Elkhart, Indiana 46515  
Telephone (219) 294-1661  
FAX (219) 294-6114  
294-6477  
Federated Media



Fred Riley  
Regional Group Manager  
Fortis Benefits  
60 Monroe Center, Ste. 800  
Grand Rapids, MI 49503

Dear Fred:

It is possible that we need to add a company name to our insurance policy. We entered into a Joint Operating Agreement with Hicks Broadcasting of Indiana L.L.C. (dba WRBR Radio). Under the terms of the Agreement, all employees are actually paid by Pathfinder Communications Corporation, however, some of the employees actually work for both corporations and some work only for WRBR Radio. I am not sure whether this requires any further amendments to our policy.

In addition, we have entered into a Purchase Agreement to purchase WKEZ Radio in Grand Rapids. Starting August 1, 1994, and while we are awaiting FCC approval for license transfer, we will be leasing the station's facilities. We will be hiring a few employees for this station and some employees will be shared with WCUZ in Grand Rapids. Again, I wasn't sure if an amendment was necessary.

Furthermore, we have sold our radio station in Muskegon (WQWQ); Nancy had asked if she should delete that account.

Please let me know.

Sincerely,

Robert A. Watson  
Secretary-Treasurer

RAW/md

Federal Communications Commission	
Docket No. <u>MM-98-66</u>	Exhibit No. <u>68</u>
Presented by <u>MMB</u>	
Disposition	<div>Identified <input checked="" type="checkbox"/></div> <div>Received <u>Oct 27, 1998</u></div> <div>Rejected <input type="checkbox"/></div>
Reporter <u>ELL</u>	
Date <u>10-6-98</u>	

PATH00218



**BROADCASTERS BROAD FORM  
DEFAMATION AND ASSOCIATED RISKS POLICY**

**EMPLOYERS REINSURANCE CORPORATION**

(hereinafter called the Corporation)

**HOME OFFICE - 5200 Metcalf, P.O. Box 2991  
Overland Park, Kansas 66201  
(913) 676-5200 or 1-800-255-6931**

Policy No. RLS-05047

**DECLARATIONS**

1. Named Assured: Hicks Broadcasting of Indiana LLC, Inc.
2. Address: 237 Edison Road  
Mishawaka, Indiana 46545
3. Effective Date: April 1, 1994 12:01 A.M.
4. Anniversary Date: April 1, 1995 12:01 A.M.
5. Retention: \$ 5,000.00 each occurrence
6. Limit of Liability: \$ 5,000,000.00 annual aggregate
7. Annual Premium: \$ 2,099.00
8. Broadcasting Station(s) Insured: WRBR-FM
9. Endorsement Serial Numbers:  
Endorsement No. 1 -L-3  
Endorsement No. 2 -L-5  
Endorsement No. 3 -L-6  
Endorsement No. 4 -L-46  
Endorsement No. 5 -G-IN



**NBD Insurance**

Corydon • Elkhart • Fort Wayne  
Indianapolis • Jeffersonville • Mishawaka

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# BROADCAST STATION ANNUAL EMPLOYMENT REPORT 1994

Approved by OMB  
1080-0390  
Expires 11/30/96

(For FCC Use Only)

Code No.

00712

## SECTION I

A. Name of Licensee or Permittee Pathfinder Communications Corporation WTRC/WLTA	B. Address P.O. Box 2500 Elkhart, IN 46515
--	--

## SECTION II

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/> AM	TV <input type="checkbox"/> TV	ER <input type="checkbox"/> Educational AM or FM Radio	HQ <input type="checkbox"/>	
FM <input type="checkbox"/> FM	LP <input type="checkbox"/> Low Power TV	ET <input type="checkbox"/> Educational TV		
AF <input checked="" type="checkbox"/> Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/> International			

RECEIVED

MAY 26 1994

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined call letters for each station if changed since last 395-B report.

FEDERAL COMMUNICATIONS COMMISSION  
OFFICE OF SECRETARY

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
WTRC	Elkhart, IN	
WLTA	Elkhart, IN	

## SECTION III

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

February 12, 1994

B. CHECK APPLICABLE BOX

- ☐ Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)
- ☒ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

## SECTION IV CERTIFICATION

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed

John F. Dille III

Title

President

Print Name

John F. Dille III

Date

5/18/94

Telephone No.

(219) 295 2500

**Federal Communications Commission**

Docket No. MM-98-66 Exhibit No. 69

Presented by MMB

Disposition

Reporter [Signature]

Date 10-6-98

Identified

Received Oct 23, 98

Rejected

# SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS	9	6					3				
PROFESSIONALS	6	3					1	2			
TECHNICIANS											
SALES WORKERS	10	5					4	1			
OFFICE & CLERICAL	1						1				
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	26	14					9	3			

B. PART-TIME PAID EMPLOYEE DATA		MALE					FEMALE				
JOB CATEGORIES	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS	9	8					1				
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL	9	8					1				

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**BROADCAST STATION**  
**ANNUAL EMPLOYMENT REPORT 1994**

Approved by OMB  
3060-0390  
Expires 11/30/96

(For FCC Use Only)

Code No. 05305

**SECTION I**

A. Name of Licensee or Permittee <b>Wicks Broadcasting of Indiana L.L.C.</b> WRBR	B. Address One Edison Centre 237 Edison Road, Suite 200 Mishawaka, IN 46545
---	--

**SECTION II**

A. TYPE OF RESPONDENT (check ONLY one)

COMMERCIAL BROADCAST STATION		NONCOMMERCIAL BROADCAST STATION		HEADQUARTERS
AM <input type="checkbox"/> AM	TV <input type="checkbox"/> TV	ER <input type="checkbox"/> Educational AM or FM Radio	HQ <input type="checkbox"/>	
FM <input checked="" type="checkbox"/> FM	LP <input type="checkbox"/> Low Power TV	ET <input type="checkbox"/> Educational TV		
AF <input type="checkbox"/> Combined AM & FM in same area (must file a combined report)	IN <input type="checkbox"/> International			

**RECEIVED**

**MAY 26 1994**

B. List call letters and location(s) of included stations. AM station is to be listed first in a combined report. List call letters for each station if changed since last 395-B report.

CURRENT CALL LETTERS	LOCATION(S)	FORMER CALL LETTERS
WRBR	South Bend, IN	

**SECTION III**

A. PAY PERIOD COVERED BY THIS REPORT (DATE)

April 1, 1994

B. CHECK APPLICABLE BOX

☒ \* Fewer than five full-time employees during the selected payroll period (Complete page one only and certification statement and return to FCC)

☐ Five or more full-time employees during selected payroll period (Complete all sections of form and certification statement and return to FCC)

**SECTION IV CERTIFICATION**

This report must be certified, as follows: (a) By licensee, if an individual; (b) By a partner, if a partnership (general partner, if a limited partnership); (c) By an officer, if a corporation or an association; or (d) By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

**WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).**

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

ed

David L. Wicks

Title

President

Print Name

David L. Wicks

Date

5/24/94

Telephone No.

(616) 329-7087

\* No full-time regular employees as of April 1. All employees temporary.

FCC 395-B  
March 1994

**Federal Communications Commission**

Docket No. MM-98-66 Exhibit No. 70

Presented by MMB

Disposition

Reporter [Signature]

Date 10-6-98

Identified [Signature]

Received [Signature]

Rejected [Signature]

0323 ET



# SECTION V - EMPLOYEE DATA

## A. FULL-TIME PAID EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL											

## B. PART-TIME PAID EMPLOYEE DATA

JOB CATEGORIES	TOTAL (a-j)	MALE					FEMALE				
		WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (j)
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFT WORKERS (SKILLED)											
OPERATIVES (SEMI-SKILLED)											
LABORERS (UNSKILLED)											
SERVICE WORKERS											
TOTAL											

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363-60-2299  
DAVID M MIHOLER (Phil Britton)

10412 / PRUTZMAN / STREET  
THREE / RIVERS / MICHIGAN / 48068

255-6390  
279-2798

Employment Date: 3/28/94 ☒ Full Time ☐ Part Time  
Termination: Date - 2/14/96  
Resigned x Discharged  
Reason: WENT TO SUNNY

New Address: 117 Rewdwood Court  
New Address: Mishawaka, IN 46545  
New Address:

Date: 3/28/94 Div: WLT1 Dept: Program  
Job: Program Director  
Dist: 361:50

Single ☒ Married ☐ Divorced ☐

Date: 2/12/95 Div: WBYT/WRBR Dept: Program  
Job: Program Director  
Dist: 50%-361:50 50%-351:50

Employee: Birth Date - September 14, 1954  
Pl. of Birth -

Date: Div: Dept:  
Job:  
Dist:

Spouse: Name -  
Birth Date -  
Pl. of Birth -

Date: Div: Dept:  
Job:  
Dist:

Children: Name Birth Date

Date: Div: Dept:  
Job:  
Dist:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

MIHOLER DAVID M.

50%-361:50 50%-351:50

Federal Communications Commission

Docket No. MM-9866 Exhibit No. 72  
Presented by MMB  
Disposition { Identified ☒  
Received Oct 21, 1998  
Rejected  
Reporter FWH  
Date 10-6-98 FWH 10-21, 98

PATH00912

05 03 0036 3545

a Control number <b>118 22222</b>		Void <input type="checkbox"/>	For Official Use Only OMB No. 1545-0008			
b Employer's identification number <b>35-1180461</b>		1 Wages, tips, other compensation <b>26685.00</b>		2 Federal income tax withheld <b>4764.60</b>		
c Employer's name, address, and ZIP code  <b>PATHFINDER COMMUNICATIONS P.O. BOX 487  ELKHART IN 46515</b>		3 Social security wages <b>26685.00</b>		4 Social security tax withheld <b>1654.47</b>		
		5 Medicare wages and tips <b>26685.00</b>		6 Medicare tax withheld <b>386.93</b>		
		7 Social security tips		8 Allocated tips		
d Employee's social security number <b>363-60-2299</b>		9 Advance EIC payment		10 Dependent care benefits		
e Employee's name (first, middle initial, last) <b>DAVID M MIHOLER</b>		11 Nonqualified plans		12 Benefits included in Box 1		
f Employee's address and ZIP code  <b>117 REDWOOD COURT  NISHAWAKA IN 46545</b>		13 See instrs. for Box 13		14 Other		
		15 Statutory employee <input type="checkbox"/> 16 Decedent <input type="checkbox"/> 17 Pension plan <input checked="" type="checkbox"/> 18 Legal rep. <input type="checkbox"/> 19 942 emp. <input type="checkbox"/> 20 Subtotal <input type="checkbox"/> 21 Deferred compensation <input type="checkbox"/>				
16 State Employer's state I.D. No. <b>IN 002021137-00</b>		17 State wages, tips, etc. <b>7845.00</b>		18 State income tax <b>258.87</b>		
MI 35-1180461		18840.00		814.56		

**W-2 Wage and Tax Statement 1994**  
Copy A For Social Security Administration

41-0062401

Department of the Treasury—Internal Revenue Service

For Paperwork Reduction Act Notice, see separate instructions.

PATH00941

05 03 0036 3545

a Control number <b>62 2222</b>		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer's identification number <b>35-1180461</b>			1 Wages, tips, other compensation <b>44220.00</b>		2 Federal income tax withheld <b>8619.16</b>
c Employer's name, address, and ZIP code  <b>PATHFINDER COMMUNICATIONS P.O. BOX 487  ELKHART IN 46515</b>			3 Social security wages <b>44220.00</b>		4 Social security tax withheld <b>2741.64</b>
			5 Medicare wages and tips <b>44220.00</b>		6 Medicare tax withheld <b>641.19</b>
			7 Social security tips		8 Allocated tips
d Employee's social security number <b>363-60-2299</b>			9 Advance EIC payment		10 Dependent care benefits
e Employee's name (first, middle initial, last) <b>DAVID R NIHOLER</b>			11 Nonqualified plans		12 Benefits included in Box 1
117 REDWOOD COURT  MISHAWAKA IN 46545			13 See Instrs. for Box 13		14 Other
			15 Statutory employee <input type="checkbox"/> Decedent <input type="checkbox"/> Pension plan <input checked="" type="checkbox"/> Legal rep. <input type="checkbox"/> Heir/emp. <input type="checkbox"/> Subtotal <input type="checkbox"/> Deferred compensation <input type="checkbox"/>		
f Employee's address and ZIP code					
16 State <b>IN</b>	Employer's state I.D. No. <b>13968</b>	17 State wages, tips, etc. <b>44220.00</b>	18 State income tax <b>1466.80</b>	19 Locality name <b>C-71 TX</b>	20 Local wages, tips, etc. <b>44220.00</b>
				21 Local income tax <b>20.90</b>	

41-0852411

Department of the Treasury—Internal Revenue Service

**Form W-2 Wage and Tax Statement 1995**  
Copy A For Social Security Administration

For Paperwork Reduction Act Notice,  
see separate instructions.

PATH00940

3

05 03 0036 3545

a Control number <b>81 22222</b>		Void <input type="checkbox"/>		For Official Use Only ▶ OMB No. 1545-0008	
b Employer's identification number <b>35-1180461</b>		1 Wages, tips, other compensation <b>7215.00</b>		2 Federal income tax withheld <b>1458.55</b>	
c Employer's name, address, and ZIP code  <b>PATHFINDER COMMUNICATIONS P.O. BOX 487  ELKHART IN 46515</b>		3 Social security wages <b>7215.00</b>		4 Social security tax withheld <b>447.33</b>	
		5 Medicare wages and tips <b>7215.00</b>		6 Medicare tax withheld <b>104.62</b>	
		7 Social security tips		8 Allocated tips	
d Employee's social security number <b>363-60-2299</b>		9 Advance EIC payment		10 Dependent care benefits	
e Employee's name (first, middle initial, last) <b>DAVID M MIHOLER</b>		11 Nonqualified plans		12 Benefits included in Box 1	
f Employee's address and ZIP code  <b>117 REDWOOD COURT  MISHAWAKA IN 46545</b>		13 See Instr. for Box 13		14 Other	
		15 Statutory employee <input type="checkbox"/> Decedent <input type="checkbox"/> Pension plan <input type="checkbox"/> Legal rep. <input type="checkbox"/> Hired and <input type="checkbox"/> Successor <input type="checkbox"/> Deferred compensation <input type="checkbox"/>			
16 State Employer's state I.D. No. <b>IN 13968</b>		17 State wages, tips, etc. <b>7215.00</b>		18 State income tax <b>240.07</b>	
		19 Locality name <b>C-71 TX</b>		20 Local wages, tips, etc. <b>7215.00</b>	
				21 Local income tax <b>7.08</b>	

41-0852411

Department of the Treasury—Internal Revenue Service

**W-2 Wage and Tax Statement**  
Copy A For Social Security Administration

**1996**

For Paperwork Reduction Act Notice, see separate instructions.

Do NOT Cut or Separate Forms on This Page

PATH00939

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363-60-2299  
DAVID M MIHOLER (Phil Britton)

104 P / PRUTZMAN / STREET  
THREE RIVERS / MICHIGAN / 49068

255-6390  
279-2138/

Employment Date: 3/28/94  
Full Time ☒ Part Time ☐  
Termination: Date - 2/14/96  
Resigned ☒ Discharged  
Reason: WENT TO SUNNY

New Address: 117 Rewdwood Court  
New Address: Mishawaka, IN 46545  
New Address:

Date: 3/28/94 Div: WLT<sup>A</sup> Dept: Program  
Job: Program Director  
Dist: 361:50

Single ☒ Married ☐ Divorced ☐

Date: 2/12/95 Div: WBYT/WRBR Dept: Program  
Job: Program Director  
Dist: 50%-361:50 50%-351:50

Employee: Birth Date - September 14, 1954  
Pl. of Birth -

Date: Div: Dept:  
Job:  
Dist:

Spouse: Name -  
Birth Date -  
Pl. of Birth -

Children: Name Birth Date

Date: Div: Dept:  
Job:  
Dist:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Date: Div: Dept:  
Job:  
Dist:

MIHOLER DAVID M

50%-361:50 50%-351:50

PATH00912

MEMO

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RADIO ONE  
WLTA - WRBR  
ONE EDISON CENTRE  
237 EDISON ROAD  
SUITE 200  
MISHAWAKA, IN 46545

219-258-5483 / 674-0044

TO: NEW STAFFERS  
FROM: MANAGEMENT  
SUBJECT: EMPLOYEE INFORMATION

Please take the time to fill out the information below for our employee directory. You will receive an updated directory shortly.

I would like to inform you that any personal information, i.e. address, phone number, is not to be given out to anyone over the phone without prior approval.

Name: DAVID M. MIHLEER AKA PHIL BRITAIN

Address: 104 E. PRUTZMAN ST

City: THREERIVERS State: MI Zip Code: 49073

Phone Number: (616) 279-2154 Birthdate: 9-14-54

Spouse's Name: \_\_\_\_\_

We will also need to have a name and phone number of someone to contact in case of an emergency.

Name: MR. + MRS. THOMAS MIHLEER

Phone Number: (616) 273-1875 Relationship: PARENTS

PATH00935



## FEDERATED MEDIA

## WAGE RATE REQUEST

New Employee  
WLTA

DIVISION: TRUTH ☐ WCKY ☐ WTRC ☐ WQHK ☐ WCUZ ☐  
 BANNER ☐ ~~WHEZ~~ ☐ ~~WVEZ~~ ☒ WLTA ☐ WMEE ☐ KVLTV ☐

Employee: DAVID MICHAEL MIHOLERDate: 3/28/94  
Dept: PROGRAMMINGWAGE RATE FOR NEW EMPLOYEE: Job Title: PROGRAM DIRECTOR / WLTA

Starting rate is to be \$ 635 Per Hour ☐ Per Week ☒ At the end of \_\_\_\_\_ days  
 probation, the employee has been promised a rate increase of \$ \_\_\_\_\_ Per Hour ☐ Per Week ☐

This new employee is:

☐ a staff addition☒ a replacement for KEITH WRIGHT, whose wage rate was \$ 565. Per Hr ☐ Per Wk ☒

WAGE RATE CHANGE: Job Title: \_\_\_\_\_

Present Rate \$ \_\_\_\_\_ Per Hour ☐ Per Week ☐ Proposed Rate \$ \_\_\_\_\_ Per Hour ☐ Per Week ☐  
 Date of Last Change \_\_\_\_\_ Amount of Last Change \$ \_\_\_\_\_ Per Hour ☐ Per Week ☐

Date New Rate to be Effective \_\_\_\_\_

Reason for Proposed Rate Change: \_\_\_\_\_

This form is to be initiated by the Department Head, approved by the Publisher or General Manager, and then forwarded to the Treasurer.

Submitted by \_\_\_\_\_ Dept. Head

Approved: [Signature]

Approved: \_\_\_\_\_

Payroll Record Changed:

Date 4/11/94 By [Signature]

PATH00937

## FEDERATED MEDIA

## - PERSONNEL CHANGE REPORT -

Date: 4/6/94

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐  
BANNER ☐ WQHK/WMEE ☐ WLTA ☒ WQWQ ☐ ☐ (Other) ☐

EMPLOYEE'S NAME DAVID MICHAEL MINOLER (PAUL BRITTON)NEW EMPLOYEE: Title of Job WLTA PROGRAM DIRECTOR Dept. PROGRAMMINGThis employee replaces KEITH WRIGHT Date Started to Work 3/28/94Full Time ☒ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☒ Temporary ☐Payroll Expense Allocation 361.50

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective \_\_\_\_\_

Transferred to: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐

Payroll Expense Allocation \_\_\_\_\_

TERMINATION OF EMPLOYMENT: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Last Day Worked \_\_\_\_\_

Resigned Why? \_\_\_\_\_

How much notice did employee give? \_\_\_\_\_

Discharged Why? \_\_\_\_\_

Severance Pay Justified? No ☐ Yes ☐ \_\_\_\_\_ Weeks

## SUPERVISOR'S EVALUATION OF EMPLOYEE -

	Superior	Good	Average	Poor
Job Performance: Competency.....	_____	_____	_____	_____
Thoroughness.....	_____	_____	_____	_____
Work Speed.....	_____	_____	_____	_____
Initiative.....	_____	_____	_____	_____
Attitudes: Cooperativeness.....	_____	_____	_____	_____
Loyalty to Company.....	_____	_____	_____	_____
Work Motivation.....	_____	_____	_____	_____
Personal Characteristics: Personality.....	_____	_____	_____	_____
Relations with co-workers.....	_____	_____	_____	_____
Personal Habits.....	_____	_____	_____	_____
Tardiness Record.....	_____	_____	_____	_____
Absence Record.....	_____	_____	_____	_____

Eligible for Rehire? \_\_\_\_\_ Comments \_\_\_\_\_

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by \_\_\_\_\_ Dept. Head

Approved by \_\_\_\_\_ Gen. Manager

PATH00969

WBYT Employee  
Address Change

3545

DAVID MITOLER  
117 Redwood Court  
Mishawaka, IN 46545

Phone 255-6390

effective 11/3/94



November 29, 1994

TO: Staff  
FROM: Steve  
RE: Promotions

I'm pleased to announce the following staff changes effective immediately.

(1) Phil Britain assumes the dual position of Program Director / WBYT-WRBR. He will be responsible for the sound and profile of Kool 104 in addition to the Bee.

(2) Bob Henning assumes additional engineering responsibilities with Corporate. This is in addition to the facilities' maintenance at 237 Edison. Bob will also add Bee promotional activities to his Kool duties.

Labels and job descriptions can, at times, become restrictive to the total fulfilment of a person's talents and I don't want that environment to exist here. I ask for your full support of these changes as we move both stations forward in 1995. We want to be recognized by listeners and the advertising community as stations that make an impact and a difference. We have the resources and the talent to go to the next plateau and I invite the participation of everyone.

*Steve*



*Today's Fun Country Hits!®*

**104 FM • WRBR**



*Good Times and Great Oldies*

PATH01441

# FEDERATED MEDIA

## WAGE RATE REQUEST

WBWT / WRBR

DIVISION:

TRUTH ☐

WCKY ☐

WTRC ☐

WQHK ☐

WCUZ ☐

BANNER ☐

WWEZ ☐

WYEZ ☐

WMEZ ☐

WVLT ☐

Employee:

DAVID MITOLER

Date:

2/24/95

Dept:

PROGRAMMING

WAGE RATE FOR NEW EMPLOYEE: Job Title:

Starting rate is to be \$

Per Hour ☐

Per Week ☐

At the end of 30 days

probation, the employee has been promised a rate increase of \$ 7.50

Per Hour ☐

Per Week ☐

This new employee is:

☒ a staff addition

☐ a replacement for

whose wage rate was \$

Per Hour

Per Week

WAGE RATE CHANGE:

Job Title:

PROGRAM DIRECTOR / WBWT-WRBR

Present Rate:

632.

Per Hour ☐

Per Week ☒

Proposed Rate:

715.

Per Hour ☐

Per Week ☒

Date of Last Change:

Amount of Last Change:

Date New Rate to be Effective:

2/12/95

Reason for Proposed Rate Change:

David promoted to PD both stations and Bob Houring reduced by like amount. Should be WBWT Programming for WRBR Programming.

This form is to be initiated by the Department Head, approved by the Publisher or General Manager, and then forwarded to the Treasurer.

Submitted by:

Dept. Head:

Payroll Record Changed:

Approved:

Approved:

Date:

By:

PATH00938

m  
m  
B  
e  
X  
7B

217-330-7500  
MERVIN REIST

1702/MARIKE/STREET  
SOUTH, BEND, INDIANA 46801-11

656 8299

287-9240/

Employment Date: 1/19/87 1-01-91  
Full Time ☒ Part Time ☐  
Termination: Date - 2-15-92 5/11/94  
Resigned X Discharged X  
Reason: Career advancement  
Position Eliminated

New Address: 1237 Altgeld  
New Address: 63511 Thorn Road - N. Liberty  
New Address: IN 46554

Date: 1/19/87 Div: WTRC Dept: News  
Job: Newsman  
Dist: 375:50

Single ☐ Married ☒ Divorced ☐

Date: 4/01/94 Div: WRBR Dept: News  
Job: News Director  
Dist: 351:50

Employee: Birth Date - May 16, 1963  
Pl. of Birth - Alberta, Canada

Date: Div: Dept:  
Job:  
Dist:

Spouse: Name - Kay K.  
Birth Date - 7-27-62  
Pl. of Birth - Batavia, New York

Date: Div: Dept:  
Job:  
Dist:

Children: Name Birth Date

1. Danielle B. 8-02-88
2. Alison K. 5-31-90
- 3.
- 4.
- 5.
- 6.

Date: Div: Dept:  
Job:  
Dist:

REIST, MERVIN DALE

351:50

Federal Communications Commission	
Docket No.	MM-98-66 Exhibit No. 73
Presented by	MMB
Disposition	Identified <input checked="" type="checkbox"/>
	Received Oct 20, 1998
	Rejected
Reporter	FWH
Date	10-6-98 Oct 20, 1998

PATH00979

## FEDERATED MEDIA

## - PERSONNEL CHANGE REPORT -

Date 5/10/94DIVISION: Truth ☐WCKY ☐WTRC ☐WQHK ☐WCUZ ☐✓ WCRB ☐WWEZ ☐WYEZ ☐WMEZ ☐BANNER ☐EMPLOYEE'S NAME MERVIN REISTKVLT ☐

NEW EMPLOYEE: Title of Job \_\_\_\_\_ Dept. \_\_\_\_\_

This employee replaces \_\_\_\_\_ Date Started to Work \_\_\_\_\_

Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Tempora

Payroll Expense Allocation \_\_\_\_\_

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective \_\_\_\_\_

Transferred to: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Tempora

Payroll Expense Allocation \_\_\_\_\_

TERMINATION OF EMPLOYMENT: Job Title News Director Dept. ProgramLast Day Worked MAY 11, 1994

Resigned

Why? \_\_\_\_\_

How much notice did employee give? \_\_\_\_\_

Discharged

Why? POSITION ELIMINATED / CONSOLIDATED NEWS WITHSeverance Pay Justified? No ☒ Yes ☐ \_\_\_\_\_ Weeks

## SUPERVISOR'S EVALUATION OF EMPLOYEE -

Superior

Good

Average

Poor

Job Performance:	Competency.....	_____	✓	_____	_____
	Thoroughness.....	_____	✓	_____	_____
	Work Speed.....	_____	✓	_____	_____
	Initiative.....	_____	✓	_____	_____
Attitudes:	Cooperativeness.....	_____	✓	_____	_____
	Loyalty to Company.....	_____	✓	_____	_____
	Work Motivation.....	_____	✓	_____	_____
Personal	Personality.....	_____	✓	_____	_____
Characteristics:	Relations with co-workers.	_____	✓	_____	_____
	Personal Habits.....	_____	✓	_____	_____
	Tardiness Record.....	_____	✓	_____	_____
	Absence Record.....	_____	✓	_____	_____

Eligible for Rehire? Yes Comments \_\_\_\_\_

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by \_\_\_\_\_ Dept. Head

Approved by [Signature] Gen. Manager

PATH00980



# FEDERATED MEDIA

## PERSONNEL CHANGE REPORT

Date: 4/1/94

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☐ KQLL ☐ WCUZ ☐

BANNER ☐ WQHK/WMEZ ☐ WLTA ☐ WQWQ ☐

WRBR ☒

EMPLOYEE'S NAME MERVIN REIST

(Other) HICKS BROADCAST

NEW EMPLOYEE: Title of Job News Director (Dave Reist) Dept. PROGRAM

This employee replaces \_\_\_\_\_ Date Started to Work 4/1/94

Full Time ☒ Part Time ☐ Hrs. Per Week 40 Permanent ☐ Temporary ☐

Payroll Expense Allocation 100% WRBR PROGRAM 351.50

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective \_\_\_\_\_

Transferred to: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐

Payroll Expense Allocation \_\_\_\_\_

TERMINATION OF EMPLOYMENT: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Last Day Worked \_\_\_\_\_

Resigned Why? \_\_\_\_\_

How much notice did employee give? \_\_\_\_\_

Discharged Why? \_\_\_\_\_

Severance Pay Justified? No ☐ Yes ☐ \_\_\_\_\_ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE -		Superior	Good	Average	Poor
Job Performance:	Competency.....	_____	_____	_____	_____
	Thoroughness.....	_____	_____	_____	_____
	Work Speed.....	_____	_____	_____	_____
	Initiative.....	_____	_____	_____	_____
Attitudes:	Cooperativeness.....	_____	_____	_____	_____
	Loyalty to Company.....	_____	_____	_____	_____
	Work Motivation.....	_____	_____	_____	_____
Personal Characteristics:	Personality.....	_____	_____	_____	_____
	Relations with co-workers.....	_____	_____	_____	_____
	Personal Habits.....	_____	_____	_____	_____
	Tardiness Record.....	_____	_____	_____	_____
Absence Record.....		_____	_____	_____	_____
Eligible for Rehire? _____		Comments _____			

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by [Signature] Dept. Head

Approved by [Signature] Gen. Manager

PATH00981

## FEDERATED MEDIA

## - PERSONNEL CHANGE REPORT -

Date: 5-10-94

DIVISION: TRUTH ☐ WCKY/WIMJ ☐ WTRC ☒ KQLL ☐ WCUZ ☐  
BANNER ☐ WQHK/WMEZ ☐ WLTA ☒ WQWQ ☐ ☐  
EMPLOYEE'S NAME DAWN HATFIELD <sup>WRBR</sup> ☒ (Other) ☐

NEW EMPLOYEE: Title of Job \_\_\_\_\_ Dept. \_\_\_\_\_  
This employee replaces \_\_\_\_\_ Date Started to Work \_\_\_\_\_  
Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐  
Payroll Expense Allocation \_\_\_\_\_

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective 5-9-94  
Transferred to: Job Title WLTA/WRBR NEWS DIRECTOR Dept. NEWS  
Full Time ☒ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☒ Temporary ☐  
Payroll Expense Allocation 40% 375.50, 30% 365.50, 30% 003003 55.50

TERMINATION OF EMPLOYMENT: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_  
Last Day Worked \_\_\_\_\_

Resigned Why? \_\_\_\_\_  
How much notice did employee give? \_\_\_\_\_  
Discharged Why? \_\_\_\_\_  
Severance Pay Justified? No ☐ Yes ☐ \_\_\_\_\_ Week

SUPERVISOR'S EVALUATION OF EMPLOYEE -		Superior	Good	Average	Poor
Job Performance:	Competency.....	_____	_____	_____	_____
	Thoroughness.....	_____	_____	_____	_____
	Work Speed.....	_____	_____	_____	_____
	Initiative.....	_____	_____	_____	_____
Attitudes:	Cooperativeness.....	_____	_____	_____	_____
	Loyalty to Company.....	_____	_____	_____	_____
	Work Motivation.....	_____	_____	_____	_____
Personal Characteristics:	Personality.....	_____	_____	_____	_____
	Relations with co-workers.....	_____	_____	_____	_____
	Personal Habits.....	_____	_____	_____	_____
	Tardiness Record.....	_____	_____	_____	_____
Absence Record.....		_____	_____	_____	_____
Eligible for Rehire? _____		Comments _____			

This form is to be filled in by Dept. Head and approved by the General Manager.  
Submitted by \_\_\_\_\_ Dept. Head  
Approved by \_\_\_\_\_ Gen. Manager

PATH01728



P.O. Box 699 • Elkhart, Indiana • (219) 293-5611 • Fax (219) 295-2329

RICHARD RHODES  
General Manager

Date 5-16-94

TONY -

For expense purposes  
Dawn Hatfield's pay<sup>And Benefits</sup> should  
be split:

40% WTRC  
30% WLTA  
30% WRBR

Steve Kline + I have  
agreed to this split effective  
5-9-94.

PATH01729

5

# FEDERATED MEDIA

## PERSONNEL CHANGE REPORT

DIVISION: Truth ☐ WCKY ☐ WTRC ☐ WQHK ☐ WCJZ ☐  
 FMPC ☐ WVEZ ☐ ~~WVEE~~ ☒ WMEE ☐ BANNER ☐  
 EMPLOYEE'S NAME Ms. ELIZABETH HATFIELD KVLTV ☐

NEW EMPLOYEE: Title of Job NEWS DIRECTOR Dept. NEWS  
 This employee replaces ANNE HILL Date Started to Work 10-21-9  
 Full Time ☒ Part Time ☐ Hrs. Per Week 44 Permanent ☒ Temporal ☐  
 Payroll Expense Allocation 365.50 + 365.52 **ALLOCATE 4 HRS/WEEK**  
**TO 375.50**  
**PER DCR ANNA**

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective \_\_\_\_\_  
 Transferred to: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_  
 Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporal ☐  
 Payroll Expense Allocation \_\_\_\_\_

TERMINATION OF EMPLOYMENT: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_  
 Last Day Worked \_\_\_\_\_

Resigned Why? \_\_\_\_\_  
 How much notice did employee give? \_\_\_\_\_  
 Discharged Why? \_\_\_\_\_  
 Severance Pay Justified? No ☐ Yes ☐ We

SUPERVISOR'S EVALUATION OF EMPLOYEE - Superior Good Average Poor

Job Performance:	Competency.....	_____	_____	_____	_____
	Thoroughness.....	_____	_____	_____	_____
	Work Speed.....	_____	_____	_____	_____
	Initiative.....	_____	_____	_____	_____
Attitudes:	Cooperativeness.....	_____	_____	_____	_____
	Loyalty to Company.....	_____	_____	_____	_____
	Work Motivation.....	_____	_____	_____	_____
Personal Characteristics:	Personality.....	_____	_____	_____	_____
	Relations with co-workers.....	_____	_____	_____	_____
	Personal Habits.....	_____	_____	_____	_____
	Tardiness Record.....	_____	_____	_____	_____
	Absence Record.....	_____	_____	_____	_____
Eligible for Rehire? _____		Comments _____			

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by Sam Wright Dept. \_\_\_\_\_  
 Approved by Steve Klein Gen. M \_\_\_\_\_

PATH01730

317-80-5112  
THOMAS G. ROGERS

3310/O/Vand//Rpy//30/  
ELKHART, INDIANA 46517

293-6793

Employment Date: 4/24/89

Full Time ☒

Part Time ☐

Termination: Date - 4/03/98

Resigned Discharged  
Reason: JOB IN CHAMPAIGN, IL

New Address: 901 W. Mishawaka Road

New Address:

New Address:

Single ☒ Married ☐ Divorced ☐

Employee: Birth Date - February 3, 1965  
Pl. of Birth - LaPorte, Indiana

Spouse: Name -  
Birth Date -  
Pl. of Birth -

Children: Name Birth Date

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Date: 4/24/89 Div: WTRC

Dept: News

Job: Reporter

Dist: 375:50

Date: 7/24/89 Div: WTRC

Dept: News

Job: News Director

Dist: 375:50

Date: 2/01/98 Div: WTRC

Dept: NEWS

Job: NEWS DIRECTOR

Dist: 34%-375:50 33%-265:50 33%-355:50

Date: 3/16/98 Div: WTRC

Dept: News

Job: News Director

Dist: 375:50

Date:

Div:

Dept:

Job:

Dist:

ROGERS, THOMAS G.

375:50

PATH00982

7

FEDERATED MEDIA

- PERSONNEL CHANGE REPORT -

Date: 2-13-96

DIVISION: Truth ☐ WCKY ☐ WTRC ☒ WQHK ☐ WCUZ ☐  
3144 FMPC ☐ WWEZ ☐ WYEZ ☒ WMEE ☐ BANNER ☐  
EMPLOYEE'S NAME Tom Rogers KVLTV ☐

3/4 1/3 WTRC, 1/3 WBYT, 1/3 WWRB

NEW EMPLOYEE: Title of Job \_\_\_\_\_ Dept. \_\_\_\_\_

This employee replaces \_\_\_\_\_ Date Started to Work \_\_\_\_\_

Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐

Payroll Expense Allocation \_\_\_\_\_

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective 2-1-98

Transferred to: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐

Payroll Expense Allocation PLR 80085 37-5550 34% 38-6550 33% 37-5550 33%  
W/L CODES 37-5550 34% 36-5550 33% 35-5550 33%

TERMINATION OF EMPLOYMENT: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_

Last Day Worked \_\_\_\_\_

Resigned Why? \_\_\_\_\_

How much notice did employee give? \_\_\_\_\_

Discharged Why? \_\_\_\_\_

Severance Pay Justified? No ☐ Yes ☐ \_\_\_\_\_ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE - Superior Good Average Poor

Job Performance: Competency.....  
Thoroughness.....  
Work Speed.....  
Initiative.....

Attitudes: Cooperativeness.....  
Loyalty to Company.....  
Work Motivation.....

Personal Characteristics: Personality.....  
Relations with co-workers.....  
Personal Habits.....  
Tardiness Record.....  
Absence Record.....

Eligible for Rehire? \_\_\_\_\_ Comments \_\_\_\_\_

PATH00984

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by \_\_\_\_\_ Dept. Head

Approved by \_\_\_\_\_ Gen. Manager

DIVISION: Truth ☐ WCKY ☐ WTRC ☒ WQHK ☐ WCUZ ☐ WRBR  
FMPC ☐ WWEZ ☐ WYEZ ☒ WMEE ☐ BANNER ☐  
EMPLOYEE'S NAME Tom Rogers KVLTV ☐

NEW EMPLOYEE: Title of Job \_\_\_\_\_ Dept. \_\_\_\_\_  
This employee replaces \_\_\_\_\_ Date Started to Work \_\_\_\_\_  
Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐  
Payroll Expense Allocation \_\_\_\_\_

TRANSFER TO NEW JOB OR TO ANOTHER DEPARTMENT: Date Transfer Effective \_\_\_\_\_  
Transferred to: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_  
Full Time ☐ Part Time ☐ Hrs. Per Week \_\_\_\_\_ Permanent ☐ Temporary ☐  
→ Payroll Expense Allocation 37-5550 100% ch. codes

TERMINATION OF EMPLOYMENT: Job Title \_\_\_\_\_ Dept. \_\_\_\_\_  
Last Day Worked \_\_\_\_\_

Resigned Why? \_\_\_\_\_

How much notice did employee give? \_\_\_\_\_

Discharged Why? \_\_\_\_\_

Severance Pay Justified? No ☐ Yes ☐ \_\_\_\_\_ Weeks

SUPERVISOR'S EVALUATION OF EMPLOYEE--		Superior	Good	Average	Poor
Job Performance:	Competency.....	_____	_____	_____	_____
	Thoroughness.....	_____	_____	_____	_____
	Work Speed.....	_____	_____	_____	_____
	Initiative.....	_____	_____	_____	_____
Attitudes:	Cooperativeness.....	_____	_____	_____	_____
	Loyalty to Company.....	_____	_____	_____	_____
	Work Motivation.....	_____	_____	_____	_____
Personal Characteristics:	Personality.....	_____	_____	_____	_____
	Relations with co-workers.....	_____	_____	_____	_____
	Personal Habits.....	_____	_____	_____	_____
	Tardiness Record.....	_____	_____	_____	_____
	Absence Record.....	_____	_____	_____	_____

Eligible for Rehire? \_\_\_\_\_ Comments \_\_\_\_\_ PATH00983

This form is to be filled in by Dept. Head and approved by the General Manager.

Submitted by \_\_\_\_\_ Dept. Head

Approved by R. T. [Signature] Gen. Manager

ERP 1 - 3-16-98 - 100% WTRC allocation

m  
m  
B  
e  
x  
H



IRWIN, CAMPBELL & CROWE, P.C.

ATTORNEYS AT LAW  
1320 EIGHTEENTH STREET, N.W.  
SUITE 400  
WASHINGTON, D.C. 20036  
(202) 723-0400  
FAX (202) 723-0354

RECEIVED  
APR 11 1994

ALAN C. CAMPBELL  
(202) 723-0003

MILLER, CANFIELD, PADDOCK AND STONE

April 5, 1994

Eric V. Brown, Jr., Esquire  
Miller, Canfield, Paddock and Stone, P.L.C.  
444 West Michigan Avenue  
Kalamazoo, Michigan 49007-3751

Re: WRBR Closing

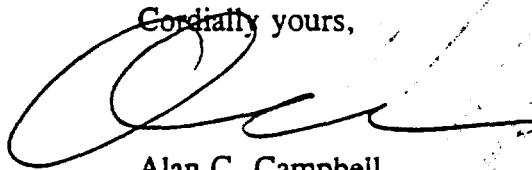
Dear Ric:

For your information, I am enclosing a copy of FCC Form 732 confirming the grant of the assignment on March 16, 1994. That notice also reminds us that we need to file an ownership report for Hicks Broadcasting, which we will prepare and send to Dave for signature. I think I have everything that is needed except for the security agreements and stock pledge agreements that were signed at the closing. We will need to file executed copies of those agreements with the ownership report, along with copies of the articles and by-laws of Hicks Broadcasting.

Also enclosed is a copy of my letter to the Commission advising the agency that the closing occurred on March 31, 1994.

Please call me if you have any questions.

Cordially yours,



Alan C. Campbell

Enc

cc/enc Mr. David Hicks  
Mr. Robert A. Watson

HICKS 61

HICKS 000677

**Federal Communications Commission**

Docket No. MM-98-66 Exhibit No. 74

Presented by \_\_\_\_\_

Disposition \_\_\_\_\_

Reporter \_\_\_\_\_

Date 10-6-98

Identified \_\_\_\_\_

Received \_\_\_\_\_

Rejected \_\_\_\_\_

MMB

Oct 23, 1998

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SIDNEY T. MILLER (1884-1940)  
GEORGE L. CANFIELD (1866-1928)  
LEWIS H. PADDOCK (1866-1936)  
FERRIS D. STONE (1882-1945)

LAW OFFICES OF  
**MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.**  
A PROFESSIONAL LIMITED LIABILITY COMPANY  
444 WEST MICHIGAN AVENUE  
KALAMAZOO, MICHIGAN 49007-3751

ANN ARBOR, MICHIGAN  
BLOOMFIELD HILLS, MICHIGAN  
DETROIT, MICHIGAN  
GRAND RAPIDS, MICHIGAN  
KALAMAZOO, MICHIGAN  
LANSING, MICHIGAN  
MONROE, MICHIGAN  
WASHINGTON, D.C.

TELEPHONE (616) 381-7030  
FAX (616) 382-0244

AFFILIATED OFFICES:  
PENSACOLA, FLORIDA  
GDANSK, POLAND  
WARSAW, POLAND

STEVEN M. STANKEWICZ  
(616) 383-5872

April 5, 1994

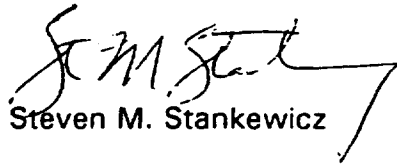
Mr. Robert A. Watson  
Secretary-Treasurer  
FEDERATED MEDIA  
P.O. Box 2500  
Elkhart, Indiana 46515

Dear Bob:

Please find enclosed a copy of a letter from Booth's attorney requesting that the Guaranty be witnessed. Please have those signatures witnessed which you are able to do and return these original executed documents to Attorney Johnson at Honigman Miller.

Very truly yours,

MILLER, CANFIELD, PADDOCK and STONE, P.L.C.

  
Steven M. Stankewicz

SMS/Isi  
Enc

KZFS1\103484.1-040363-00002

Federal Communications Commission	
Docket No. <u>MM-98-66</u>	Exhibit No. <u>75</u>
Presented by <u>MMB</u>	
Disposition	Identified <u>✓</u>
	Received <u>Oct 23, 1991</u>
	Rejected <u>                    </u>
Reporter <u>                    </u>	
Date <u>10-6-98</u>	

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LAW OFFICES  
HONIGMAN MILLER SCHWARTZ AND COHN  
A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS  
2290 FIRST NATIONAL BUILDING  
DETROIT, MICHIGAN 48226-3583  
TELECOPIER (313) 962-0176

S. LEE JOHNSON  
DIRECT DIAL NUMBER  
(313) 256-7310

LANSING, MICHIGAN  
WEST PALM BEACH, FLORIDA  
TAMPA, FLORIDA  
ORLANDO, FLORIDA  
HOUSTON, TEXAS  
LOS ANGELES, CALIFORNIA

April 1, 1994

VIA FEDERAL EXPRESS

Steve M. Stankewicz, Esq.  
Miller Canfield Paddock & Stone  
444 W. Michigan  
Kalamazoo, Michigan 49007

Dear Mr. Stankewicz:

I have received the package you sent to me via Federal Express yesterday. I am returning both copies of the executed Guaranty Agreement that you sent to me so that you may obtain witness signatures for each of the four signing parties. I also know that when you receive original copies of Alec C. Dille's signatures for the Guaranty Agreement and the Pledge Agreement that you would forward those original signatures to me.

I look forward to hearing from you soon.

Very truly yours,



S. Lee Johnson

Enclosures

cc: Kimberly K. Hudolin, Esq.

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GUARANTY

March 31, 1994

IN CONSIDERATION of and in order to induce Sooth American Company (hereinafter referred to as "Creditor"), to extend credit to Hicks Broadcasting of Indiana, L.L.C., an Indiana limited liability company ("Debtor"), the undersigned (hereinafter referred to as "Guarantors") hereby covenant and agree with Creditor as follows:

1. Guarantors hereby unconditionally guarantee to Creditor the full and prompt payment when due of all Indebtedness (as hereinafter defined) of Debtor due and to become due to Creditor. Creditor may have immediate recourse against Guarantors for full and immediate payment of the Indebtedness at any time after the Indebtedness, or any part thereof, has not been paid in accordance with its terms (whether at fixed maturity or maturity accelerated by reason of a demand for payment from Debtor or a default under the terms of the instrument governing such Indebtedness or any instrument securing the same). Notwithstanding anything herein to the contrary, each Guaranter shall be liable hereunder for the following portion of the total liability hereunder, but not exceeding the amount set forth below, and the total liability of all Guarantors hereunder shall not exceed \$250,000:

<u>Guarantor</u>	<u>Total Amount Guaranteed</u>
David C. Hicks	\$127,500
John F. Dille IV	\$ 40,834
Sarah F. Dunkel	\$ 40,833
Alec C. Dille	\$ 40,833.

2. The term "Indebtedness" means any and all indebtedness, liabilities and obligations of every kind, nature and description, owed to Creditor by Debtor, whether direct or indirect, absolute or contingent, whether now due and owing, or which may hereafter, from time to time, be or become due and owing, whether heretofore or hereafter created or arising, including all indebtedness evidenced by any agreements now or hereinafter executed and delivered by Debtor to Creditor, any and all renewals, extensions or modifications thereof, and including, without limitation, reasonable attorneys' fees, costs and expenses incurred by Creditor in connection with the enforcement of this Guaranty or any obligation against Debtor.

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3. This is a guarantee of payment, and not of collection, and Guarantors therefore agree that Creditor shall not be obligated, prior to seeking recourse against or receiving payment from Guarantors, to do any of the following acts (although Creditor may do so, in whole or in part, at its sole option), the performance of each of which is hereby unconditionally waived by Guarantors:

(a) Take any steps whatsoever to collect from Debtor or to file any claim of any kind against Debtor; or

(b) Take any steps whatsoever to accept or perfect Creditor's interest in, foreclose or realize on collateral security, if any, for the payment of the Indebtedness, or any other guarantee of the Indebtedness; or

(c) In any other respect exercise any diligence whatever in collecting or attempting to collect the Indebtedness by any means.

4. Guarantors' liability for payment of the Indebtedness shall be absolute and unconditional and nothing whatever except actual full payment to Creditor of the Indebtedness shall operate to discharge Guarantors' liability hereunder. Accordingly, Guarantors unconditionally and irrevocably waive each and every defense which, under principles of guarantee or suretyship law, would otherwise operate to impair or diminish the liability of Guarantors for the Indebtedness. Without limiting the generality of the foregoing waiver, Guarantors agree that none of the following acts, omissions or occurrences shall diminish or impair the liability of Guarantors in any respect (all of which acts or omissions may be done without notice to Guarantors of any kind):

(a) Any extension, modification, indulgence, compromise, settlement or variation of the terms of any of the Indebtedness;

(b) The discharge or release of any obligations of Debtor or any other person now or hereafter liable on the Indebtedness, by reason of bankruptcy or insolvency laws;

(c) The acceptance or release by Creditor of any collateral security or other guaranty, seizure or conversion of any collateral security by any person or by operation of law, or any settlement, compromise or extension with respect to any collateral security or other guaranty;

(d) The application or allocation by Creditor of payments, collections or credits on the Indebtedness or any other obligations of Debtor to Creditor;

(e) The creation of any new indebtedness covered by this Guaranty;

(f) The making of a demand, or absence of demand, for payment of the Indebtedness, or giving, or failing to give, any notice of dishonor or protest or any other notice; or

(g) The death of any Guarantor as to the obligations of such Guarantor's estate under this Guaranty or of any other Guarantors hereunder.

5. Guarantors unconditionally waive:

(a) Any acceptance of this Guaranty;

(b) Any setoffs or counterclaims against Creditor which would otherwise impair Creditor's rights against Guarantors; and

(c) Any notice of the disposition of any collateral security, and any right to object to the commercial reasonableness of the disposition of any such collateral security.

6. This Guaranty shall inure to the benefit of Creditor any its successors and assigns, including each and every holder or owner of any of the Indebtedness guaranteed hereby. In the event that there shall be more than one such holder or owner, this Guaranty shall be deemed a separate contract with each such holder and owner. In the event that any person other than Creditor shall become a holder or owner of any of the Indebtedness, each reference to Creditor hereunder shall be construed as if it referred to each such holder or owner.

7. This Guaranty shall be binding upon Guarantors and each of their successors and assigns, and shall continue in effect until Guarantors shall deliver to Creditor (and each other holder or owner of the Indebtedness) 30 days' advance written notice of termination; provided that this Guaranty shall continue in effect thereafter with respect to all Indebtedness in existence on the effective date of such termination (including all extensions and renewals thereof and all subsequently accruing interest and other charges thereon) until all such Indebtedness shall be paid in full.

8. Guarantors agree that recourse may be had against their earnings and separate property for all of their obligations under this Guaranty.

9. Notwithstanding anything to the contrary in this Guaranty, Guarantors hereby irrevocably waive all rights any of them may have at law or in equity (including, without limitation, any law subrogating Guarantors to Creditor's rights) to seek contribution, indemnification, or any other form of reimbursement from Debtor, any other Guarantor, or any other person now or hereafter primarily or secondarily liable for any obligations of Debtor to Creditor, for any disbursement made by Guarantors under or in connection with this Guaranty or otherwise and if, notwithstanding the foregoing, any amount shall be paid to Guarantors on account of any subrogation rights in connection with this Guaranty at any time when all of



the Indebtedness shall not have been paid in full, such amounts shall be held by such Guarantors in trust for Creditor, segregated from other funds of such Guarantors, and shall, forthwith upon receipt by such Guarantors, be turned over to Creditor in the exact form received by such Guarantors (duly endorsed by such Guarantors to Creditor, if required), to be applied against the obligations of Debtor to Creditor, whether matured or unmatured, in such order as Creditor may determine.

11. THIS GUARANTY IS FREELY AND VOLUNTARILY GIVEN TO CREDITOR BY GUARANTORS, WITHOUT ANY DURESS OR COERCION, AND AFTER GUARANTORS HAVE EITHER CONSULTED WITH COUNSEL OR BEEN GIVEN AN OPPORTUNITY TO DO SO, AND GUARANTORS HAVE CAREFULLY AND COMPLETELY READ ALL OF THE TERMS AND PROVISIONS OF THIS GUARANTY.

12. This Guaranty, though executed and delivered in the State of ~~INDIANA~~ MICHIGAN shall be governed by and construed with the internal laws of the State of Michigan.

13. This Guaranty is secured by NONE

(If this space is not filled, the Guaranty is unsecured.  
Otherwise describe the nature of the security.)

WITNESS:

St M G

Robert A. Water

Robert B. Water

BY:

David C. Hicks

David C. Hicks

John F. Dille IV

John F. Dille IV

Sarah F. Dunkel

Sarah F. Dunkel

Alec G. Dille

Alec G. Dille

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the Indebtedness shall not have been paid in full, such amounts shall be held by such Guarantors in trust for Creditor, segregated from other funds of such Guarantors, and shall, forthwith upon receipt by such Guarantors, be turned over to Creditor in the exact form received by such Guarantors (duly endorsed by such Guarantors to Creditor, if required), to be applied against the obligations of Debtor to Creditor, whether matured or unmatured, in such order as Creditor may determine.

11. THIS GUARANTY IS FREELY AND VOLUNTARILY GIVEN TO CREDITOR BY GUARANTORS, WITHOUT ANY DURESS OR COERCION, AND AFTER GUARANTORS HAVE EITHER CONSULTED WITH COUNSEL OR BEEN GIVEN AN OPPORTUNITY TO DO SO, AND GUARANTORS HAVE CAREFULLY AND COMPLETELY READ ALL OF THE TERMS AND PROVISIONS OF THIS GUARANTY.

12. This Guaranty, though executed and delivered in the State of \_\_\_\_\_, shall be governed by and construed with the internal laws of the State of Michigan.

13. This Guaranty is secured by \_\_\_\_\_

(If this space is not filled, the Guaranty is unsecured.  
Otherwise describe the nature of the security.)

WITNESS:

BY:

\_\_\_\_\_  
David C. Hicks

\_\_\_\_\_  
John F. Dille IV

\_\_\_\_\_  
Sarah F. Dunkel

  
Alec C. Dille

  
Robert G. Watson  
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LAW OFFICES  
HONIGMAN MILLER SCHWARTZ AND COHN

A PARTNERSHIP INCLUDING PROFESSIONAL CORPORATIONS

2290 FIRST NATIONAL BUILDING  
DETROIT, MICHIGAN 48226-3583

TELECOPIER (313) 962-0176

MBERLY K. HUDOLIN

DIRECT DIAL NUMBER  
(313) 256-7892

MILLER, CAMFIELD, PADDOCK AND STONE

LANSING, MICHIGAN  
WEST PALM BEACH, FLORIDA  
TAMPA, FLORIDA  
ORLANDO, FLORIDA  
HOUSTON, TEXAS  
LOS ANGELES, CALIFORNIA

April 12, 1994

Robert A. Watson  
Hicks Broadcasting of Indiana, L.L.C.  
421 South Second Street  
Elkhart, Indiana 46515

Re: Escrow Agreement dated November 30, 1993 among Hicks  
Broadcasting of Indiana, L.L.C., Booth American Company  
and Honigman Miller Schwartz and Cohn (the "Escrow Agreement")

Dear Mr. Watson:

Enclosed is a check representing the cash portion of the Escrow Funds  
(as defined in the Escrow Agreement) and all earnings thereon.

It was a pleasure working with you on this transaction, and I wish you  
success in the operation of WRBR.

Very truly yours,

*Kim*

Kimberly K. Hudolin

KKH/dt  
B4359x

cc: John L. Booth, II  
Robert B. Ridder, Jr.  
Eric V. Brown, Jr. ✓  
S. Lee Johnson

Federal Communications Commission	
Docket No. <u>MM-98-66</u>	Exhibit No. <u>76</u>
Presented by <u>MMB</u>	
Disposition	Identified <input checked="" type="checkbox"/>
	Received <u>Q 73, 98</u>
	Rejected <input type="checkbox"/>
Reporter <u>ELH</u>	
Date <u>10-6-98</u>	

HICKS 000676